

# APPLICATION INFORMATION SUMMARY

## PART I: INFORMATION ABOUT THE PROPOSED DEPENDENT ADULT

1. Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Other Name(s) e.g., Maiden/Nicknames \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_

3. Sex  Male  
 Female

4. Address \_\_\_\_\_  
Permanent  
\_\_\_\_\_  
Present, if different

5. Telephone Number \_\_\_\_\_ Unit Number \_\_\_\_\_

6. Marital Status:

Single  Divorced  Widowed  Separated  Married

7. Does the proposed dependent adult already have a guardian or trustee? If so, provide name, address and date on which appointment is to be reviewed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has the proposed dependent adult signed an enduring power of attorney? If so, provide name and address of the holder of the enduring power or attorney.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has the proposed dependent adult designated an agent in a personal directive? If so, provide the name and address of the agent.

\_\_\_\_\_  
\_\_\_\_\_  
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**PART II: INFORMATION ABOUT THE PROPOSED DEPENDENT ADULT'S FAMILY MEMBERS**

1. Spouse: List name and address of the proposed dependent adult's spouse, if living.

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2. Children: List in birth order showing full name, address and date of birth if under 18 years of age.

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3. Parents of proposed dependent adult: List name and address, if living.

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4. Siblings of proposed dependent adult: List in order of birth showing full name, address and date of birth, if under 18 years of age.

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5. Provide name and address of other interested parties, if any.

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**PART III: INFORMATION ABOUT THE PROPOSED GUARDIAN AND/OR TRUSTEE**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Relationship to proposed dependent adult \_\_\_\_\_
5. Occupation \_\_\_\_\_
6. Professional qualifications/formal education (if any) \_\_\_\_\_  
\_\_\_\_\_

**PART IIIA: INFORMATION ABOUT THE PROPOSED ALTERNATE GUARDIAN AND/OR TRUSTEE**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Relationship to proposed dependent adult \_\_\_\_\_
5. Occupation \_\_\_\_\_
6. Professional qualifications/formal education (if any) \_\_\_\_\_  
\_\_\_\_\_

**PART IV: PERSONS TO BE SERVED**

Provide the names and addresses of the following:

1. Nearest relative of the proposed dependent adult, or if that person is the applicant, the next nearest relative.  
\_\_\_\_\_  
\_\_\_\_\_
2. Person proposed as the guardian/trustee if that person is not the applicant.  
\_\_\_\_\_  
\_\_\_\_\_
3. Person proposed as alternate guardian/trustee.  
\_\_\_\_\_  
\_\_\_\_\_
4. If the person is a resident of an institution, the person in charge of the institution.  
\_\_\_\_\_  
\_\_\_\_\_

5. Attorney under an enduring power of attorney, if applicable.  


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6. Agent designated in a personal directive within the meaning of the *Personal Directives Act*, if applicable.  


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7. Guardian of the proposed dependent adult, if he is not the applicant.  


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8. Trustee of the proposed dependent adult, if he is not the applicant.  


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**PART V: INVENTORY OF THE ESTATE OF THE PROPOSED DEPENDENT ADULT**  
(This information will be used to help determine who will pay for the costs of the application — complete only if claiming costs against the Crown)

1. Monthly income from all sources \$ \_\_\_\_\_
2. Cash and liquid assets, including bank accounts, investments and all assets which can readily be converted to cash \$ \_\_\_\_\_
3. Estimated value of real estate and personal property not mentioned above \$ \_\_\_\_\_
4. Estimated total debts \$ \_\_\_\_\_

\_\_\_\_\_  
Name of person completing this Report (Please Print)

\_\_\_\_\_  
Date